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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

788-18 Reissue

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 6,561,991, granted May 13, 2003 and for which a reissue patent is sought on the invention entitled

Non-Invasive Method and System of Quantifying Human Postural Stability

the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____

and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☒ by reason of a defective specification or drawing.

☐ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

Incorrect inventors listed. The following person is not an inventor:

**Clinton T. Rubin
108 Bleeker Street
Port Jefferson, New York 11777**

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

788-18 REISSUE

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s) **Yuri Kateshov** Registration Number **34,466****Dilworth & Barrese, LLP.**

Correspondence Address: Direct all communications about the application to:



Customer Number

Type Customer Number here

Place Customer Number Bar
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Dilworth & Barrese, LLP				
Address	333 Earle Ovington Boulevard				
Address					
City	Uniondale	State	New York	Zip	11553
Country	US				
Telephone	(516) 228-8484	Fax	(516) 228-8516		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of sole or first inventor (given name, family name) Kenneth J. McLeod					
Inventor's signature		Date			
<i>K.J. McLeod</i>		8/13/03			
Residence		Citizenship			
Vestal Stony Brook, New York		US			
Mailing Address					
29 Pine Meadow Road, Vestal, NY 13850					
38 Cedar Street, Stony Brook, New York 11790					
Full name of second joint inventor (given name, family name)					
Inventor's signature		Date			
Residence		Citizenship			
Mailing Address					
Full name of third joint inventor (given name, family name)					
Inventor's signature		Date			
Residence		Citizenship			
Mailing Address					
<input type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.					

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

☒ original
☐ design
☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

☐ national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor *(if only one name is listed below)* or an original, first and joint inventor *(if plural names are listed below)* of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

NON-INVASIVE METHOD AND SYSTEM OF QUANTIFYING
HUMAN POSTURAL STABILITY

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

(a) ☒ is attached hereto.

(b) ☐ was filed on _____ as ☐ Serial No. 0 / _____
or ☐ Express Mail No., as Serial No. not yet known
_____ and was amended on _____
_____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 C.F.R. 1.67.

(c) ☐ was described and claimed in PCT International Application No. _____ filed on _____
and as amended under PCT Article 19 on _____
(if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

☐ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

☐ in compliance with this duty there is attached an information disclosure statement in accordance with 37 C.F.R. 1.98.

PRIORITY CLAIM (35 U.S.C. §119) (a) - (d)

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a) - (d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) ☒ no such applications have been filed.

(e) ☐ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119(a) - (d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(34 U.S.C. §119(e))**

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

____/____

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. §120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*List name and registration number*)

PETER G. DILWORTH, Reg. No. 26,450; ROCCO S. BARRESE, Reg. No. 25,253;
PAUL J. FARRELL, Reg. No. 33,494; ADRIAN T. CALDERONE, Reg. No. 31,746;
GEORGE M. KAPLAN, Reg. No. 28,375; MICHAEL J. MUSELLA, Reg. No. 39,310;
MICHAEL E. CARMEN, Reg. No. 43,533; JOHN F. GALLAGHER III, Reg. No. 47,234;
ANN R. POKALSKY, Reg. No. 34,697, YURI KATESHOV, Reg. No. 34,466;
DOUGLAS M. OWENS III, Reg. No. 51,314, JAKSHA C. TOMIC, Reg. No. 53,696 and
JEFF KIRSHNER, Reg. No. 53,137, each of them of DILWORTH & BARRESE, LLP, 333
Earle Ovington Boulevard, Uniondale, New York 11553.

SEND CORRESPONDENCE TO:
Paul J. Farrell, Esq.
DILWORTH & BARRESE, LLP
333 Earle Ovington Boulevard
Uniondale, New York 11553

DIRECT TELEPHONE CALLS TO:

(516)228-8484

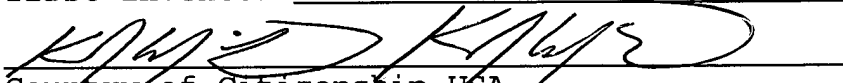
DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor Kenneth J. McLeod

Inventor's signature 
Date: 6/20/03 Country of Citizenship USA
Residence: Stony Brook, New York
Post Office Address: 38 Cedar Street
Stony Brook, New York 11790

Full name of second joint inventor, if any _____

Inventor's signature _____
Date _____ Country of Citizenship _____
Residence _____
Post Office Address _____

**REISSUE APPLICATION: CONSENT OF ASSIGNEE;
STATEMENT OF NON-ASSIGNMENT**

Docket Number (Optional)
788-18 REISSUE

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s)

Kenneth J. McLeod

Patent Number

6,561,991

Date Patent Issued

May 13, 2003

Title of Invention

NON-INVASIVE METHOD AND SYSTEM OF QUANTIFYING HUMAN POSTURAL STABILITY

1. ☒ Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)
2. ☐ Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.

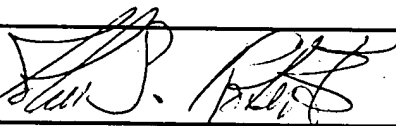
One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".

The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.

The assignee(s) owning an undivided interest in said original patent is/are _____,
and the assignee(s) consents to the accompanying application for reissue.

Name of assignee/inventor (if not assigned)

Signature



Date

14 August 2003

Typed or printed name and title of person signing for assignee (if assigned)

John S. Roberts, Ph.D Associate Director

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Kenneth J. McLeodApplication No./Patent No.: 6,561,991 Filed/Issue Date: May 13, 2003Entitled: Non-Invasive Method and System Of Quantifying Human Postural StabilityThe Research Foundation Of SUNY, a Non-Profit Organization

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or2. ☐ an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011383, Frame 0081, or for which a copy thereof is attached.**OR**B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

18 June 2003

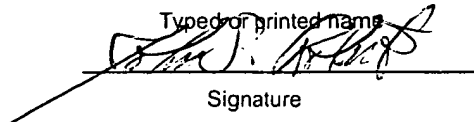
Date

(631) 632-9009

Telephone number

John S. Roberts

Typed or printed name



Signature

Associate Director

Title